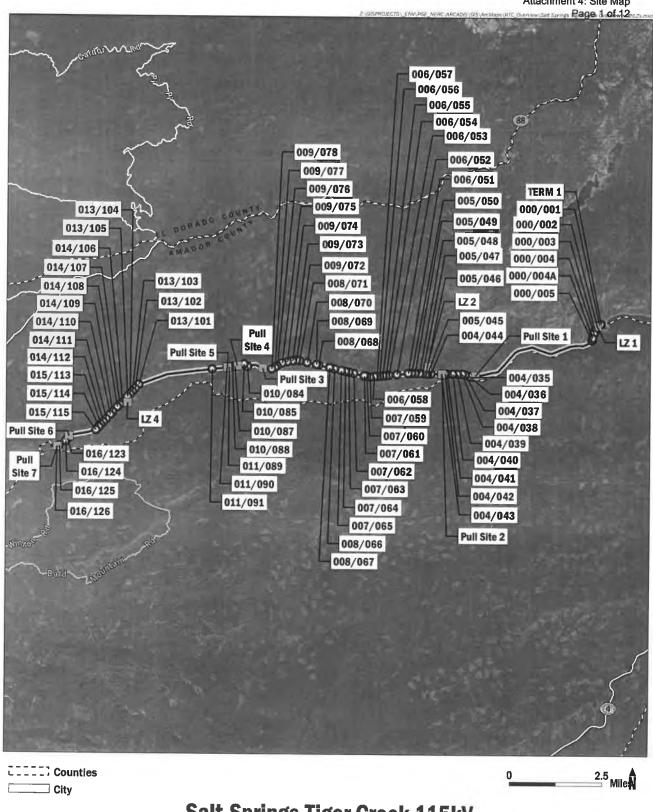
# **EXHIBIT B4**

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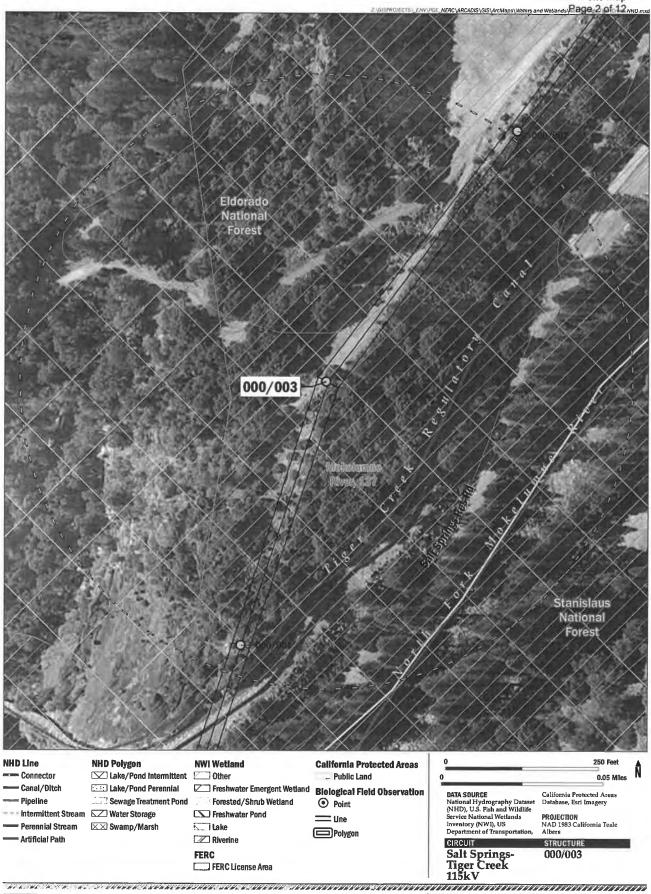
of 15



Salt-Springs-Tiger Creek 115kV

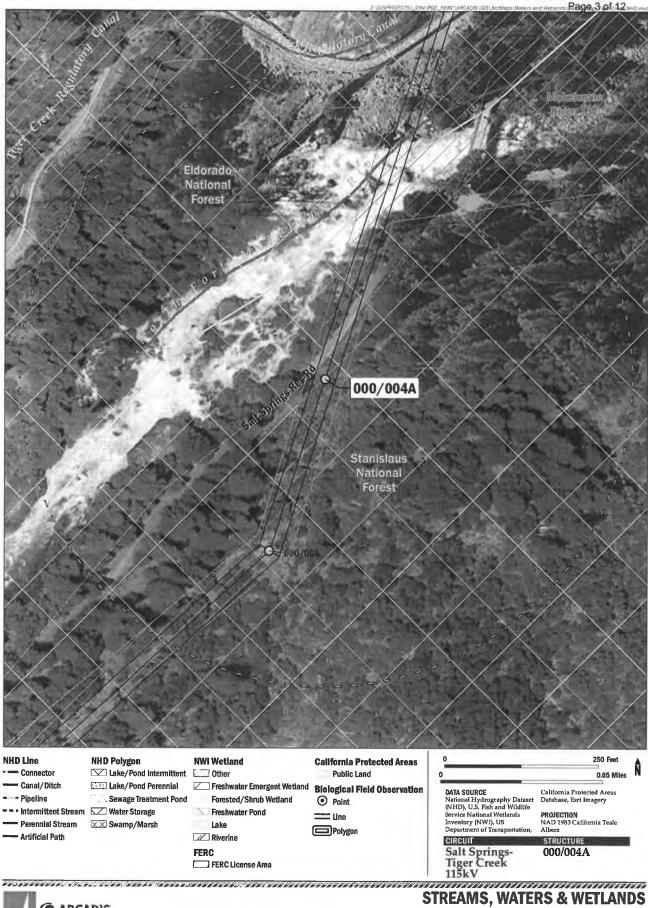


**Circuit Overview Map** 



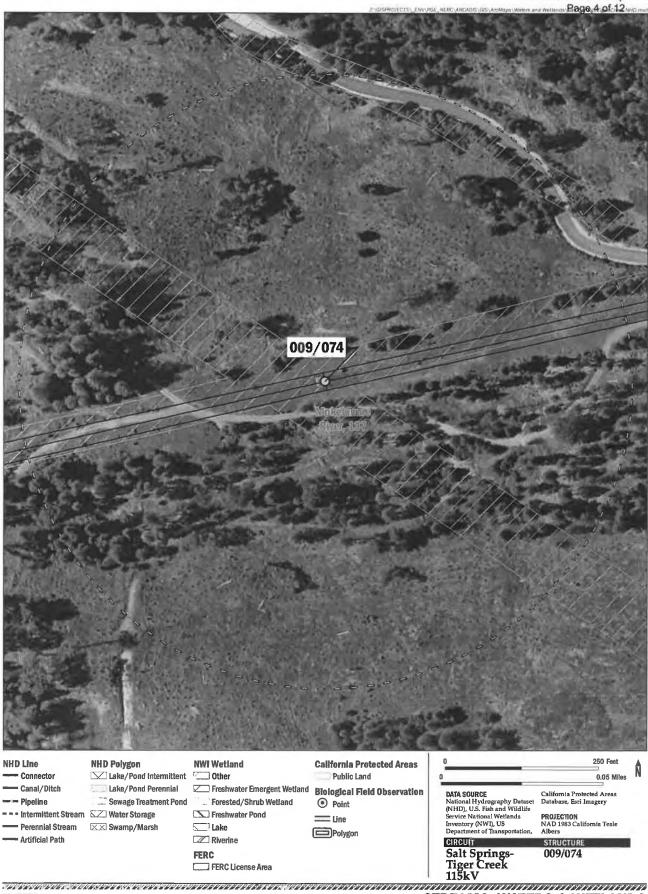


Within 500 foot radius of Structure 000/003  $PG&E\ NERC\ Program$ 





Within 500 foot radius of Structure 000/004A PG&E NERC Program





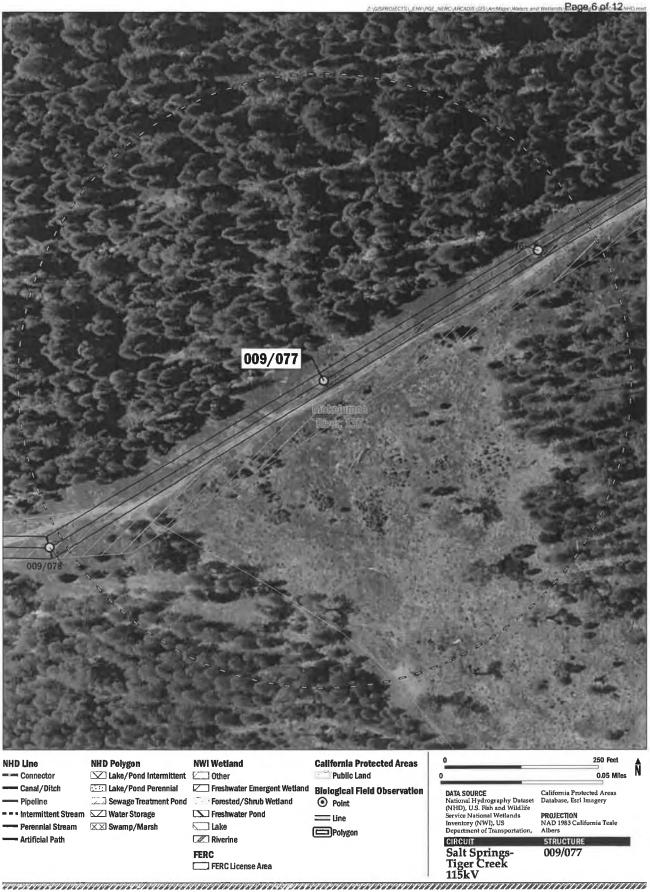
Within 500 foot radius of Structure 009/074  $PG\&E\ NERC\ Program$ 





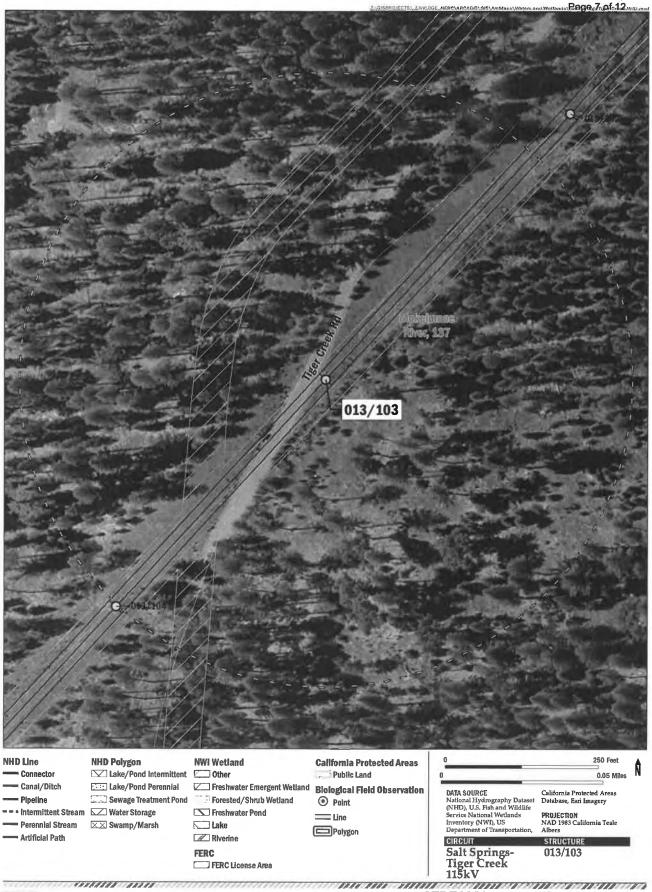
Within 500 foot radius of Structure 009/076

PG&E NERC Program



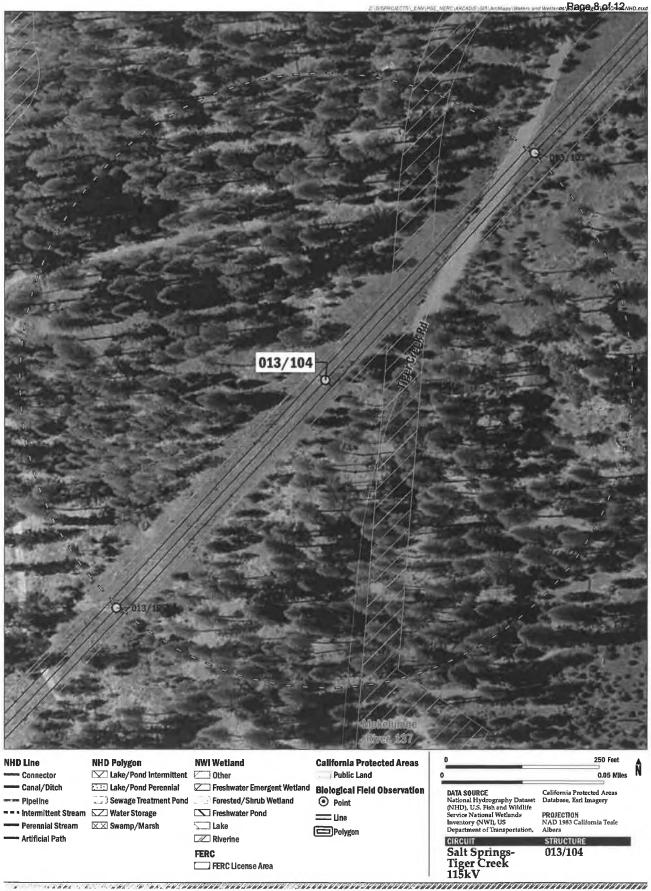


Within 500 foot radius of Structure 009/077  $PG\&E\ NERC\ Program$ 



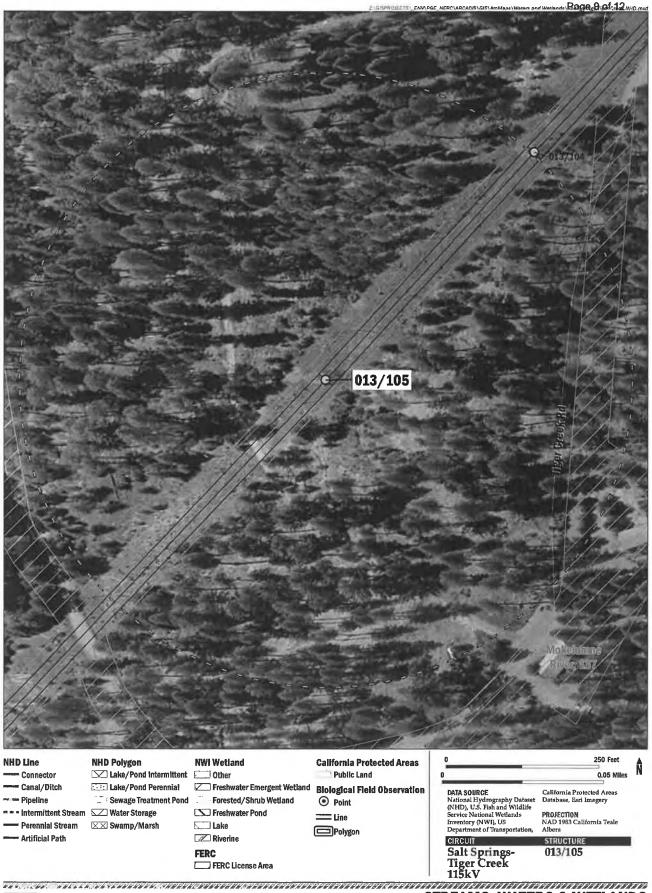


Within 500 foot radius of Structure 013/103  $PG\&E\ NERC\ Program$ 



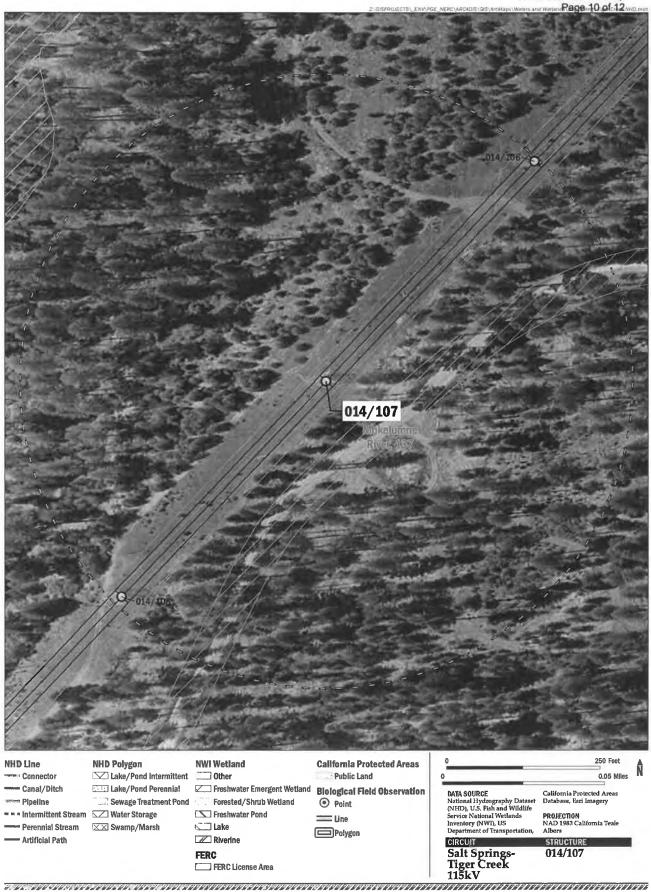


Within 500 foot radius of Structure 013/104  $PG\&E\ NERC\ Program$ 





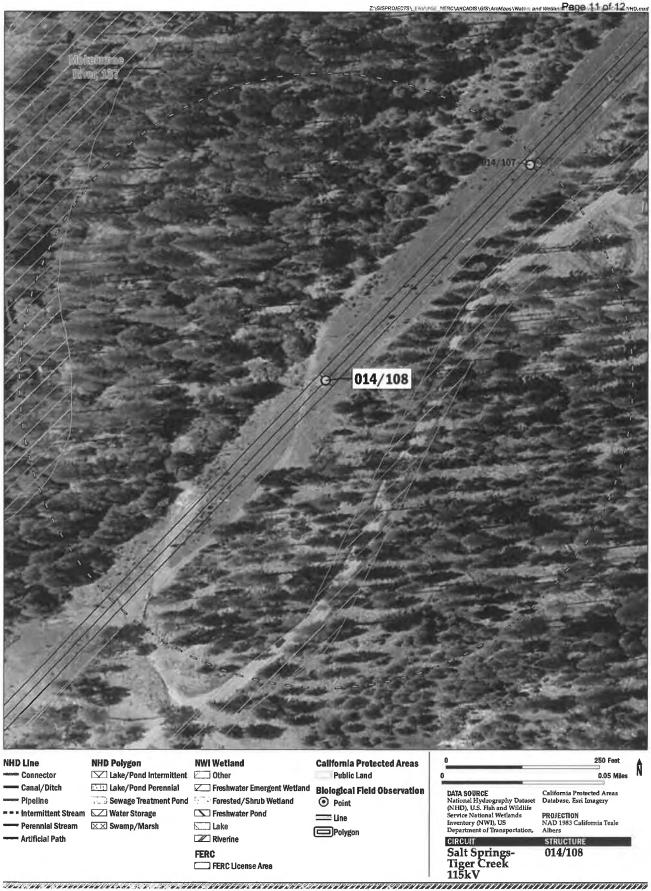
Within 500 foot radius of Structure 013/105  $PG&E\ NERC\ Program$ 



## PC & ARCADIS

#### STREAMS, WATERS & WETLANDS

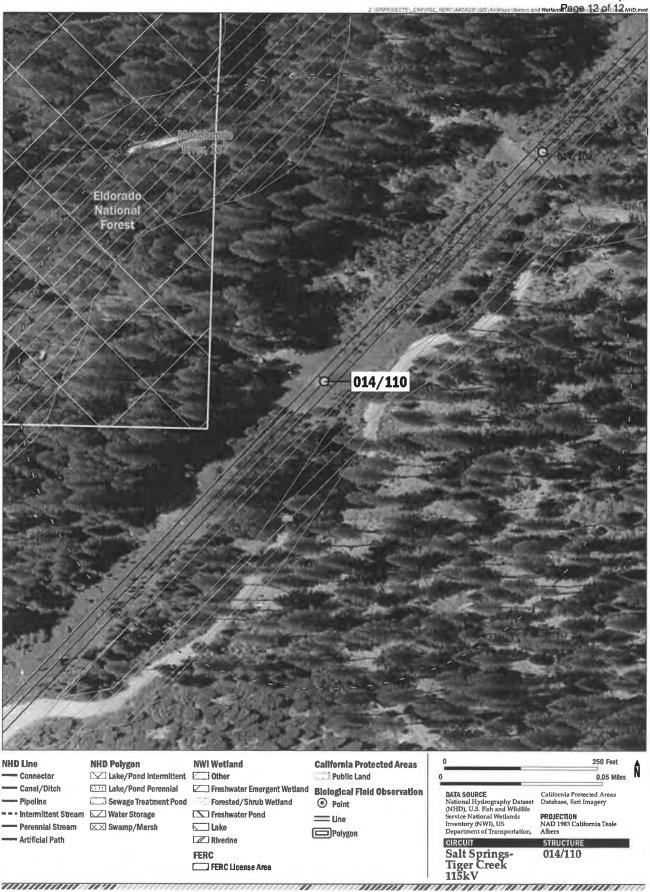
Within 500 foot radius of Structure 014/107 PG&E NERC Program





Within 500 foot radius of Structure 014/108

PG&E NERC Program





Within 500 foot radius of Structure 014/110
PG&E NERC Program



Pacific Gas and Electric Company

The information provided on this form	n may form the	Dasis or a	i Statement of K	ecoro, agains	St which Pose may c	may conduct	The information provided on this form may form the basis of a statement of Record, against which Pode may conduct an audit or review to ensure compliance.	l <sub>èr</sub>			***	Pa
Employer Identification # (EIN):					Telephone:		as .					
PG&E Contract Number (if any):	•••				E-Mail:							3:3
PG&E Project/Product:					ls Prime Cor	ntractor/Sup	Is Prime Contractor/Supplier CPUC Clearinghouse Certified?		Yes	No	VON:	
Contract Duration (Year):	From:		To:		s Prime Cor	ntractor/Sup	ls Prime Contractor/Supplier a Registered Small Business?		Yes	S	Small Business #:	
(N	(2) (2)	(2a)	(3)		(5)	(8)	(7) ( (7a)		(B)	9	(10) / (10a)	<b>111</b>
Name of Subcontractor or Supplier	Contractor's	ctor's se #1	Union Signatory?	CPUC	Small Business	Small Business	Description of Work to be Performed or Major Materials to be Supplied I		Gold Shovel	Risk	ISN ID# / Prequalified?	Estimated Amount to be Paid
Taber Drilling	969927 2.28.18	2.28.18	8	15060423	1748097	SBE-DGS	Geotechnical Drilling Services	Yes	Active	Med	400-230472 yes	\$ 26,500.00
							all treatable				**********	ક્ક
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							Mairi Sugar				BEF app some god	€
							(12) Tota	al All Sub	(12) Total All Subcontractors and Suppliers	rs and Su	uppliers	€9
SBE-SBA A small business certified by the California Department of General Services (DGS) SBE-SBA A small business certified by the U.S. Small Business Administration (SBA)	d by the Califo	mia Depa Small Busi	riment of Genera	al Services (Lition (SBA)	JGSJ		(13) Tota	al Self-Pe	rformed b	y Prime (	(13) Total Self-Performed by Prime Contractor / Supplier:	49
	d by another a	gency tha	t issues a Small	Business nur	mber		(14) Tota	(14) Total Bid Value:	lue:			49
Signature:						Date:		HE	No.			
10/		1	1			12.06.2017		al CPUC	(15) Total CPUC Clearinghouse Certified:	ouse Cert	ified:	€9
I hereby certify that the information listed is true to the lest of my knowledge	on listed is tru	etathe	est of my knowle	dge			(16) Tota	al Small I	(16) Total Small Business Certified:	Sertified:		<b>69</b>

<sup>1</sup> Subcontractors and Suppliers may have both a CPUC Clearinghouse and a Small Business Certification. Please list both numbers. If a company has more than one Small Business Certification, list the numbers in the following order: (1) DGS, (2) SBA, and (3) any other small business registry where a number is issued.

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#### **EXHIBIT 3**

### INJURY AND ILLNESS PREVENTION PROGRAM COMPLIANCE CERTIFICATE

The undersigned hereby certifies to PG&E as follows:

- The Company, and any Subcontractor hired by the Company to perform any
  portion of the Work under this Contract, has an effective Injury and Illness
  Prevention Program which meets the requirements of all applicable laws and
  regulations, including but not limited to Section 6401.7 of the California Labor
  Code.
- 2. The undersigned is an authorized representative of the Company identified below, with the authority and responsibility for implementing and administering the Company's Injury and Illness Prevention Program.

IN WITNESS WHEREOF, the undersigned has executed this Compliance Certificate.

Company: _	GEI CONSULTANTS, INC
ву:	
Print Name:	WILLIAM RETTBERG
Title:	EN. VP
Date Signed:	12/6/17

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